Complete if Known Comp
FEE TRANSMITTAL For FY 2007 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 450.00 METHOD OF PAYMENT (check all that apply) Check X Credit Card Money Order None Other (please Identify): X Deposit Account Impact 50-0591 Deposit Account Nemer 50-0591 Deposit Account Nem
First Named Inventor Hiroyuki Kumakura Examiner Name Barbara J. Musser And Unit 1733 TOTAL AMOUNT OF PAYMENT (\$) 450.00 Attomey Docket No. 03310/033001 METHOD OF PAYMENT (check all that apply) Check X Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Name So-0591 Deposit Account Name Cosha : Liang LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 450.00 Attorney Docket No. 03310/033001 METHOD OF PAYMENT (check all that apply) Check X Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Nemes 50-0591 Deposit Account Neme Osha : Liang LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below accept for the filing fee (s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
TOTAL AMOUNT OF PAYMENT (5) 450.00 Attomey Docket No. 03310/033001 METHOD OF PAYMENT (check all that apply) Check X Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number, 50-0591 Deposit Account Neme: Osha: Liang LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, accept for the filling fee X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION
METHOD OF PAYMENT (check all that apply) Check
Check X Credit Card Money Order None Other (please identify): X Deposit Account None Deposit Account None Other (please identify): For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of fee(s) indicated account of fee(s) indicated please (x Credit any overpayments) FEE CALCULATION
Deposit Account Deposit Account Number 50-0591 Deposit Account Neme Osha : Liang LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION
Charge fee(s) indicated below X Charge fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION Charge fee(s) indicated below, except for the filing fee X Credit any overpayments
Charge fee(s) indicated below X Charge fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION Charge fee(s) indicated below, except for the filing fee X Credit any overpayments
Fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity
Small Entity Small Entity Small Entity Small Entity Application Type Fee (\$) Fee
Utility 300 150 500 250 200 100
Design 200 100 100 50 130 65
Plant 200 100 300 150 160 80
Reissue 300 150 500 250 600 300
Provisional 200 100 0 0 0 0
2. EXCESS CLAIM FEES Small Entity
Fee Oscription Fee (\$) Fach claim over 20 (including Reissnes) 50 25
Diker claim over 20 (indicates received)
Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180
Transport deposition of the second of the se
Total States
15 -20 = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.
Indep, Claims Extra Claims Fee (\$) Fee Paid (\$)
1 -3= x =
HP = highest number of independent claims paid for, if greater than 3.
3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50
sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (S) Fee Paid (S)
Total Sheets
4. OTHER FEE(S) Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00
SUBMITTED BY
SUBMITTED BY Signature / Registration No. (Altornoy/Agent) 48,885 Telephone (713) 228-8600